

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90071 005 ****62.50

DOCUMENT # 704000

1. Entity Name

FIRST BAPTIST CHURCH OF NORTH LAUDERDALE, INC.

Principal Place of Business

Mailing Address

**6177 KIMBERLY BLVD
 N LAUDERDALE FL 33068-2801**

**6177 KIMBERLY BLVD
 N LAUDERDALE FL 33068-2801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6532448

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAMOS, RONNY
 4959 NW 6TH STREET
 COCONUT CREEK FL 33063**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D KORNEFF, WILLIAM**
 STREET ADDRESS **2829 EL RANCHO**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD CLIFFORD, KIMBERLY**
 STREET ADDRESS **11650 NW 43 ST**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BRASINGTON, CLAY**
 STREET ADDRESS **6177 KIMBERLY BLVD**
 CITY-ST-ZIP **N LAUDERDALE FL 33068-2801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BAINBRIDGE, LYNN**
 STREET ADDRESS **741 SW 49 TERRACE**
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

[Handwritten Signature] **REQUIRED** 4/10/02

CR2E037 (9/01)